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Pre-treatment profiles of adolescent girls as predictors of the strength of their working alliances with practitioners in residential care settings

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ABSTRACT

Given the importance of the working alliance to achieve positive outcomes in various types of treatment, it is important to better understand the factors that contribute to a good alliance. The present study aimed to determine which configuration of pre-treatment characteristics predicted a higher or weaker working alliance between 175 adolescent girls in residential care and their practitioners. Girls' self-reported pre-treatment characteristics (behavior problems, trauma-related symptoms, interpersonal problems and attitudes toward change) were assessed soon after admission in treatment and the working alliance was assessed three months later by both girls and their designated practitioner. Latent class analysis revealed three different profiles of girls at admission: "fewer problems", "distressed" and "more/externalizing problems". Findings indicated that girls with "more/externalizing problems" were 7.9 times more likely than girls from the "distressed" group to report a weaker working alliance. However, girls' pre-treatment profiles did not predict practitioners' assessment of the quality of their working alliance. Implications for research and practice are discussed.

1. Introduction

The central importance of the working alliance in various types of treatment has long been recognized. In such an alliance, the client and the practitioner: a) reach an agreement on the treatment goals, b) reach an agreement on the tasks that must be performed to achieve them, and c) develop an emotional bond characterized by shared feelings of respect, appreciation, trust, and concern for each other (Bordin, 1979). Meta-analyses have shown a constant though modest correlation between the working alliance and treatment outcomes both in adult clients (r = 0.28, Horvath, Del Re, Flückiger, & Symonds, 2011) and in children and adolescents (r = 0.19, Shirk & Karver, 2011). However, considerably less research has been done on the working alliance with young clients than with adults. The two meta-analyses just mentioned offer a good example: in total, they cover 29 studies including samples of children or adolescents, compared with 190 studies including adult clients. Moreover, the working alliance is dynamic in nature, as demonstrated in a meta-analytic review on the alliance ruptures (Safran, Muran, & Eubanks-Carter, 2011) and different factors can affect its forming and development. Nonetheless, very little is yet known about the forming of the working alliance with adolescents and the characteristics that may affect this process, and these subjects clearly demand further investigation. From a clinical standpoint, adolescents as a group tend to be seen as clients with whom it is difficult to form a working alliance (Castro-Blanco & Karver, 2010; Meeks, 1971), but there is little empirical documentation to support this view. Nevertheless, a growing number of studies now make it possible to identify certain characteristics of adolescents, practitioners, and treatment approaches that help or hinder the forming of this alliance.

1.1. Characteristics associated with the forming of a working alliance with adolescents

Many factors can affect the development of the working alliance. From a theoretical standpoint, it has been suggested that the characteristics of the clinical populations and of the practitioners are associated with cognitive processes and emotional responses that influence their interactions in the treatment process. Just like the treatment environment and other contextual factors, these interactions affect both the establishment and the maintaining of the working alliance (Ross, Polaschek, & Ward, 2008).

From an empirical standpoint, some studies on the forming of the working alliance with adolescent clients focus more on the practitioners' characteristics that are associated with this process (Diamond, Liddle, Hogue, & Dakof, 1999; Karver et al., 2008; Russell, Shirk, & Jungbluth, 2008), while others instead try to identify the client characteristics that play a role in it. The studies in the former category show that practitioners' degree and years of experience may affect the working alliance (Wintersteen, Mensinger, & Diamond, 2005). The

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strength of the working alliance also varies depending on practitioners' attitudes and interventions (Auerbach, May, Stevens, & Kiesler, 2008; Creed & Kendall, 2005; Diamond et al., 1999; Karver et al., 2008; Russell et al., 2008). Practitioners may also have preferences for specific clienteles, for example regarding the gender (Gaarder, Rodriguez, & Zatz, 2004; Lanctôt, Ayotte, Turcotte, & Besnard, 2012), which stress the importance to dwell on the characteristics of adolescent clients as well.

The studies to date in this latter category have focused on various populations of adolescents. Many studies have looked at young people who are in treatment for drug use (Garner, Godley, & Funk, 2008; Hawke, Hennen, & Gallione, 2005; Hogue, Dauber, Stambaugh, Cecero, & Liddle, 2006; Rogers, Lubman, & Allen, 2008; Wintersteen et al., 2005), others for delinquency (Florsheim, Shotorbani, Guest-Warnick, Barratt, & Hwang, 2000; Handwerk et al., 2008; Simpson, Frick, Kahn, & Evans, 2013), for anorexia (LoTempio et al., 2013), and for various mental health problems, with or without accompanying behavioral problems (Bickman et al., 2004; Chu, Skriner, & Zandberg, 2013; Eltz, Shirk, & Sarlin, 1995; Fitzpatrick & Irannejad, 2008; Green et al., 2001; Kazdin, Marciano, & Whitley, 2005; Levin, Henderson, & Ehrenreich-May, 2012; Shirk, Gudmundsen, Crisp Kaplinski, & McMakin, 2008). It is essential to stress that these various studies measure the alliance at various times in the course of treatment, some more than once, which may explain certain differences in their findings.

Demographic characteristics such as age, sex, and ethnic origin are among those most commonly studied but are not generally correlated with the working alliance (Chu et al., 2013; Fitzpatrick & Irannejad, 2008; Green et al., 2001; Handwerk et al., 2008; Hogue et al., 2006; Kazdin et al., 2005; Levin et al., 2012; LoTempio et al., 2013; Shirk et al., 2008). However, one study does report that older adolescents tend to form better working alliances (Garner et al., 2008), while two others indicate that adolescent girls tend to report stronger working alliances than adolescent boys (Eltz et al., 1995; Wintersteen et al., 2005). But in another study, adolescent girls reported weaker alliances than adolescent boys, and working alliance scores were found to vary with ethnic origin (Hawke et al., 2005). In short, given these sometimes contradictory findings, it is important to investigate the influence of demographic factors further. Another issue that deserves further investigation is whether having adolescents work with practitioners of the same gender as themselves may have a positive impact on the working alliance, since it is the case in one study (Wintersteen et al., 2005).

In studies of the relationship between the kinds of problems for which adolescents are being treated and the success of the working alliance, the findings vary. In the broadest sense, the severity of these problems does not always have an impact on the working alliance (Bickman et al., 2004), but in one study, a high general level of functioning was found to be positively correlated with this alliance (Green et al., 2001). When internalized and externalized problems are considered separately, however, some differences appear. In the former category, adolescents with a diagnosis of post-traumatic stress rate their working alliances as weaker (Rogers et al., 2008). Similarly, youth who have been mistreated, and especially those who have suffered multiple incidents or types of maltreatment at their parents' hands, appear to have more trouble in forming alliances with their practitioners (Eltz et al., 1995). Also, in two studies that assessed the alliance at two points in time over the course of treatment, those clients who had displayed more severe symptoms of depression at their initial assessments were more likely to display stagnation or deterioration in this alliance over the period in question (Chu et al., 2013; Rogers et al., 2008). With regard to externalized problems, the general degree of deviance is not correlated with the working alliance (Hawke et al., 2005), nor is the presence of conduct disorders (Garner et al., 2008). However, adolescents with a greater history of delinquency tend to form weaker working alliances (Florsheim et al., 2000; Simpson et al., 2013). Greater use of drugs, however, has no impact on the strength of this alliance (Florsheim et al., 2000; Garner et al., 2008; Hawke et al., 2005; Simpson et al., 2013).

Adolescents who have problems with interpersonal relationships tend to form weaker alliances with their practitioners (Eltz et al., 1995), while adolescents who have better social support tend to form stronger ones (Garner et al., 2008; Levin et al., 2012). More secure relationships with their caregivers also predict better adolescent-reported working alliances (Levin et al., 2012). Along with recognition of one's own problems, secure relationships were one of the few characteristics that had an impact on the strength of the alliance in one study, beyond the problems of substance abuse and psychosocial functioning (Garner et al., 2008).

Adolescents' attitudes regarding change can also prove important in establishing the working alliance. In particular, the strength of this alliance varies with the stage of change that they are currently going through, the alliance tending to be stronger when they are in a more action-oriented stage of change (Fitzpatrick & Irannejad, 2008). Among youth who are dealing with problems of drug abuse, those who better recognize their problems also report better working alliances (Garner et al., 2008).

The knowledge acquired to date suggests that a variety of characteristics affecting various aspects of adolescents' lives can influence the development of the working alliance. These characteristics include demographic traits, internalized and externalized problems, interpersonal relations, and attitudes regarding change. Ideally, then, researchers should consider a whole set of characteristics involving these various aspects in order to develop a clearer picture of those youth for whom it would be harder and those for whom it would be easier to form a working alliance. But to date, the studies of adolescent clients have rarely examined several aspects at once. For example, some studies have looked only at the possible influence of demographic characteristics (Handwerk et al., 2008; Hogue et al., 2006; Kazdin et al., 2005; Shirk et al., 2008), while others have added only a few very targeted characteristics, such as stages of change (Fitzpatrick & Irannejad, 2008) or delinquency and antisocial traits (Simpson et al., 2013). Some studies have gone further and assessed the relationship between various characteristics of adolescents and the working alliance, but none of them has distinguished any subgroups of clients that might present different clinical profiles from one another and with whom it might be easier or harder to establish a working alliance. With a view toward recognizing the heterogeneity that occurs within a given clientele, it would be interesting to apply a person-centered approach to identify such subgroups. While a variable-centered approach tends to treat multiple characteristics independently, this approach ignores their organization within an individual. In comparison, a person-centered approach assumes that the individual is organized as a whole, in which each characteristic interacts with the others (Bergman & Magnusson, 1997). This approach allows a more meaningful understanding of the role of these characteristics in the functioning of the individual. Thus, using the person-centered approach enables to identify patterns of characteristics within a clinical population and to determine whether the strength of the alliance varies with patterns that are specific to various clinical profiles.

1.2. The working alliance with adolescent girls in residential care

The development of the working alliance specifically with justice-involved adolescent girls, who are entering treatment under the jurisdiction of the child-welfare system or the juvenile-justice system, is of special interest. According to the literature on gender-responsive interventions, the relational aspect of such interventions is essential for these girls, for a number of reasons: it recognizes the importance of positive relationships for adolescent girls' development in general, it can provide opportunities to relate with positive female role models, and it can help to improve their interpersonal relationships in general (Hubbard & Matthews, 2008; Kerig & Schindler, 2013; Matthews &